



11-15-05

14 November 2005

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**URGENT STOP AMENDMENT**  
**COMMISSIONER FOR PATENTS**  
**PO Box 1450**  
**Alexandria, Virginia 22313-1450**

Application No.: 10/811,399 Confirmation No.: 3282  
First Named Inventor: Vidal, Marcial Filing Date: 25 March 2004  
Group Art Unit: 2814 Examiner: Louie, Wai Sing  
Atty. Docket No.: R-0007 US  
Title: Electron-beam-addressed Active-matrix Spatial Light Modulator  
Assignee(s): Video Display Corporation

Sir:

Transmitted herewith are the following documents for the above patent application:

1. Return Receipt Postcard;
2. This Transmittal Letter (in duplicate);
3. Restriction Requirement (1 pp.);
4. Petition for Extension of Time (1 p.);
5. Preliminary Amendment to Text (38 pp.);
6. Preliminary Amendment to Drawings (2 pp.);
7. Replacement Drawing Sheet 14A/20 (1 p.); and
8. Annotated Drawing Sheet (1 p.).

☒ The fee has been calculated as shown below:

**CLAIMS AS AMENDED**

|  | Claims Remaining<br><u>After Amendment</u> |       | Highest No.<br>Previously<br><u>Paid For</u> |   | Present<br><u>Extra</u> |   | <u>Rate</u> |    | <u>Additional Fee</u> |
|--|--|-------|--|---|-------------------------|---|-------------|----|-----------------------|
| Total Claims   | 58   | Minus | 58   | = | 0                       | x | \$50.00     | \$ | 0.00                  |
| Independent<br>Claims  | 4  | Minus | 4  | = | 0                       | x | \$200.00    | \$ | 0.00                  |
| <input type="checkbox"/> Fee of \$360 for the first filing of one or more multiple dependent claims  |  |       |  |   |                         |   |             | \$ |                       |
| <input checked="" type="checkbox"/> Fee for Request for Extension of Time (1 month(s))   |  |       |  |   |                         |   |             | \$ | 60.00                 |
| <input type="checkbox"/> Fee for   |  |       |  |   |                         |   |             | \$ |                       |
| <b><u>Total additional fee for this Amendment:</u></b>   |  |       |  |   |                         |   |             | \$ | 60.00                 |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 502641 in the amount of  |  |       |  |   |                         |   |             | \$ | 60.00                 |
| <input checked="" type="checkbox"/> Conditional Petition for Extension of Time: If an extension of time is required, the Commissioner is authorized to deduct the necessary fee from Deposit Account No. 502641. |  |       |  |   |                         |   |             |    |                       |
| <input checked="" type="checkbox"/> Also, charge any additional fees required and credit any overpayment to Deposit Account No. 502641.  |  |       |  |   |                         |   |             |    |                       |

**EXPRESS MAIL LABEL NO.:**

**EV 500 311 307 US**

Respectfully submitted,

*Ronald J. Meetin*

Ronald J. Meetin  
Attorney for Applicant(s)  
Reg. No. 29,089

210 Central Avenue  
Mountain View, California  
Tel.: 650-964-9767